

**NEW JERSEY  
DEPARTMENT OF  
HEALTH AND SENIOR SERVICES**

**Division of Addiction Services**

**Part I – Program Announcement**

**Request for Applications (RFA)**

**Grant Program to Provide Adolescent Residential  
Substance Abuse Services  
to Southern New Jersey**

**Short Title: S J A R**

**Application Due Date: September 15, 2003**

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Date of Issuance: July 15, 2003

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## **Agency**

New Jersey Department of Health and Senior Services (DHSS), Division of Addiction Services (DAS).

## **Purpose of this Announcement**

The New Jersey Department of Health and Senior Services (DHSS), Division of Addiction Services (DAS), is seeking applications for Fiscal Year 2004 funds to offer an opportunity for a New Jersey public and/or private non-profit substance abuse/dependence adolescent residential treatment provider to establish and operate a long-term co-ed South Jersey Adolescent Residential Substance Abuse Treatment Program, hereafter referred to as SJAR. Services are to be provided to New Jersey adolescents with priority given to those from the eight southern counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem. Many can be expected to have psychological, psychiatric, behavioral, and emotional problems and/or be on psychotropic medications. The successful candidate shall have the ability to admit and treat adolescents with co-occurring mental health disorders.

DHSS/DAS will provide funding up to \$3 million to support the cost of purchasing and/or renovating buildings, and/or the purchase of land and construction of the residential adolescent treatment facility in one of the eight Southern New Jersey counties. If known, the land or building(s) to be renovated should be specifically identified in the application. The facility and grounds should be of sufficient size to accommodate treatment, educational and recreational activities in accordance with licensure standards. If proposing new construction, a minimum of three bids will be required.

A separate budget for the construction or renovation of an appropriate and suitable building for the SJAR must be submitted, including no more than \$3 million of DAS funding.

It is expected that \$4,011,750 will be available for 36 months to support 50 co-ed beds at an annual rate of not more than \$26,745 per bed using a combination of the slot system and fee for services. There will be one award. Continuum of care will be accessed through the existing South Jersey Initiative (SJI) network of providers, as well as other New Jersey licensed treatment providers.

A year one operational full budget and a year two and three (Schedule A, Schedule B, Schedule C, and Cost Summary) operational budgets must be included. Applications with proposed budgets that exceed \$4,011,750 in DAS funding will be returned without review. Annual continuation will depend on the availability of funds, grantee progress in meeting goals and objectives, adherence to licensure requirements, as well as compliance and the thorough completion of the New Jersey Substance Abuse Monitoring System (NJSAMS).

In submitting the line item budgets for each year of the proposed grant, applicants may provide varying budget amounts after consideration of start-up and increasing service levels. Applicants should request a full year's funding in the first year although it is recognized that most projects will not begin operating and serving clients in the first few weeks.

## **Background**

Parent-to-Parent, a group consisting of Southern New Jersey parents who have lost children, and/or families that have suffered as the result of substance abuse/dependence, petitioned New Jersey state government to establish a long-term adolescent residential treatment facility in Southern New Jersey. No such facility, then or now, exists in the eight southern New Jersey counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem. DHSS/DAS has been working with South Jersey stakeholders, which include Parent-to-Parent Groups, The Governor's Council on Alcoholism and Drug Abuse (GCADA), South Jersey Addiction Service Provider Coalition, Southern Regional Children's Coordinating Council, the Division of Youth and Family Services' (DYFS) Southern Regional Substance Abuse Steering Committee, Juvenile Justice Commission (JJC), County Drug/Alcohol Directors, and other interested Southern New Jersey community leaders concerning the establishment of a long-term adolescent residential treatment program located in South Jersey. DAS has committed up to \$3 million for the construction of the SJAR and since 1999 has been funding the South Jersey Initiative (SJI) as a stopgap measure until the facility is established. SJI currently provides a continuum of substance abuse/dependence treatment to adolescents and young adults aged 13 to 24 in the southern region. DHSS/DAS is committed to the current SJI Provider Network for continuum of substance abuse/dependence care, as well as the implementation of this residential facility.

## **Who Can Apply?**

Eligibility is limited to applicants who are public or private non-profit organizations with at least three years experience providing residential adolescent substance abuse/dependence treatment services in a currently DHSS/DAS licensed treatment facility. Applicants must have demonstrated success in providing treatment for both addicted adolescents and their family members. Applicants must demonstrate their incorporation through the New Jersey Department of State, and provide documentation of their current non-profit status under Federal IRS 501(c)(3) regulations. They must agree to operate the program in accordance with the administrative requirements in the current Licensure of Residential Substance Abuse Treatment Facilities (N.J.A.C. 8:42A under authority of N.J.S.A. 26:2H-1 et seq.). Applicants must be in compliance at the time the application is submitted and must remain in compliance throughout the grant period with all local, city, county and State requirements for licensing and/or certification. Applicants must not be suspended or debarred by DHSS/DAS or any other State or Federal entity from receiving grant funds. Only those applicants who attend a mandatory technical assistance workshop will be eligible to apply for funding consideration.

## **Application**

DHSS/DAS application package includes the following:

**PART I** - Program Announcement and Request for Applications (RFA) including instructions for this specific grant.

**PART II** – NJDHSS Health Service Grant Application including instructions for completion of these forms. Please note: full budget required for first year; years two and three need only Schedules A, B, C and Cost Summary.

## **How to Get an Application**

- Applications will be made available at the mandatory technical assistance workshop, scheduled for Thursday, July 31, 2003 at 10:00 am at 120 South Stockton Street in Trenton.
- Download **Part I and Part II** of the application package from the NJDHSS web site at [www.state.nj.us/health](http://www.state.nj.us/health). From the dropdown menu 'forms, applications and grants', click on 'grants'. Download Part I of the RFA from the Grants Management Home Page. From the same page, click on 'forms' and download Part II of the application kit entitled Grant Application Package.

## **Application Due Date**

Applications must be received by September 15, 2003 at 3:00 p.m., and include one signed original and seven (7) copies. Applications received after this date will not be accepted and will be returned without review.

## **Where to Send the Application**

Send the signed original and 7 copies of your grant application to:

### **Postal Mail**

Mr. Jeffrey A. Clayton  
Director of Planning & New Initiatives  
NJ Department of Health & Senior Services  
Division of Addiction Services  
P.O. Box 362  
Trenton, NJ 08625

### **Express Mail or Courier Service**

Mr. Jeffrey A. Clayton  
Director of Planning & New Initiatives  
NJ Department of Health & Senior Services  
Division of Addiction Services  
120 S. Stockton Street, 3<sup>rd</sup> floor  
Trenton, NJ 08611

Label the package "SJAR –South Jersey Adolescent Residential"

Applications MUST either be hand carried or sent via a recognized governmental or commercial carrier. Faxed or emailed applications will not be accepted. You will NOT be notified that your application has been received.

If you require a phone number for delivery, you may use (609) 292-8949.

## **Mandatory Technical Assistance Workshop**

A mandatory technical assistance workshop will be conducted on Thursday, July 31, 2003 from 10:00 am to 12:00 pm in the DHSS/DAS 3<sup>rd</sup> floor conference room at 120 South Stockton Street in Trenton. This workshop will provide applicants the only opportunity to ask questions they might have about the RFA requirements or the grant awarding process. At no other time will DHSS/DAS staff answer substantive questions. This is necessary to ensure that all potential applicants will have equal access to information regarding the RFA. Any necessary response to questions posed by potential applicants during the technical assistance workshop that cannot be answered at that time will be furnished in writing to all potential applicants in attendance. Applicants who do not attend this mandatory technical assistance workshop are ineligible to apply for these grant funds. Applicants must notify their intent to attend the workshop to Linda Townsend by July 30<sup>th</sup> by telephone at 609-292-8949. Failure to register to attend does not preclude workshop attendance.

Both the DHSS/DAS Program Management Officer (PMO) and the Grants Management Officer (GMO) for this project will be present at this workshop. Application packages containing the Terms and Conditions, Health Service Grant Application, Cost Principles and all other necessary information will be distributed.

Applicants are guided to rely on the information in this RFA and presented at this technical assistance workshop in completing their application.

## **Program Overview**

The successful applicant will be expected to provide a program of co-ed residential substance abuse/dependence treatment services of 3 to 12 months duration in Southern New Jersey to adolescents aged 13 to 17 years. The grantee under this RFA must apply for and obtain a DHSS/DAS Residential Substance Abuse Treatment Facility license, and operate the facility in accordance with this license.

The program must plan to provide residential services to a minimum of 50 clients/patients from the eight southern counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem at any given time with an average occupancy rate of 90% after start-up.

Applicants may propose to initially provide fewer than 50 adolescent beds with the understanding that the minimally required 50 beds must be made available within a

reasonable period of time to be approved by DHSS/DAS. Timeliness of the availability of treatment beds is an evaluation criterion upon which all applications will be considered and ranked. DHSS/DAS reserves the right to consider such applications in the interest of providing treatment services as soon as possible to adolescents in a facility in one of the eight southern counties.

## **Conditions Regarding Availability of Funds**

### **A) Site Responsibility**

Applicants are encouraged to identify either the land on which to construct the new facility, or an existing building(s) that can be renovated to meet the Standards for Licensure of Residential Substance Abuse Treatment Facilities. DHSS/DAS will provide a construction grant to the applicant selected through this RFA process to construct or renovate a facility to provide a minimum of 50 adolescent beds in one of the eight southern counties of New Jersey. Up to \$3 million in DAS funding will be made available to support the construction of a new facility, including land acquisition, or the renovation of an existing facility. New buildings and alterations to existing buildings shall conform to all appropriate local and State building and licensing regulations (see NJAC 8:42A-Subchapter 24).

### **B) Period of Support**

The initial phase of the program provides for construction/renovation of an appropriate and suitable site for the co-ed adolescent residential facility totaling up to but no more than \$3 million in DAS funding. Upon completion and approval of the facility, the operational phase of the program grant will be supported for 36 months based upon availability of funds.

### **C) Level of Support**

A maximum of \$4,011,750 is available from DHSS/DAS for a 36-month project period to support 50 beds, at an annual rate of \$26,745 per bed.

### **D) Funding Information**

Expenses incurred by the successful applicant during the transition period after the applicant is selected, but prior to the effective date of the grant, will not be reimbursed by the State.

Grant renewal will be subject to the availability of funds to DHSS/DAS and the extent to which the grantee satisfactorily meets applicable Federal and State regulations, the requirements of this RFA, progress toward meeting project goals with regard to substance abuse/dependence treatment and the quality of future program plans. State representatives' site visits and review of progress reports submitted by the grantee will be the primary basis for the State's compliance reviews.

Grant payments will be provided as reimbursement for documented costs, in accordance with a DHSS/DAS approved budget. Documentation for levels of utilization will be required to support billings. All information provided will be subject to verification by DHSS/DAS staff.

### **E) Applicant's Financial Participation Requirements**

The award may not cover all project costs. The successful applicant will be expected to demonstrate additional support for the project from the organization's own revenues or from other sources. The amount and feasibility of the applicant's plans for generating additional support will be a factor in judging applications. DHSS/DAS will provide for no more than the dollar amounts specified in the Level of Support section of this RFA within any grant period. The grantee is expected to access program income such as client/patient fees to sustain its operation. Clients/patients' families who can reasonably be expected to contribute to treatment costs may be charged on a sliding scale fee schedule approved by DHSS/DAS. Intake and evaluation fees, if charged, are to be reasonable and appropriate to family household income. Inability to pay these fees may not be used as a barrier to treatment. The successful applicant will be expected to recover any third party reimbursement, public assistance or other benefits for which adolescents are eligible. These funds are to be used to provide enhanced treatment services to those adolescents funded by this project. Funds may only be used to support treatment services that are specific to this award and not duplicated by other funding sources.

## **Contacts for Further Information**

Applicants are guided to rely upon the information in this RFA and the information presented at the technical assistance workshop in developing their applications. Any clarification regarding the application process, if required, can be obtained from Jeffrey Clayton at (609) 633-7978. Substantive questions regarding intent or allowable responses to the RFA, outside the mandatory technical assistance workshop, will not be answered individually. If a question is raised as to the Department's intent, and the Department believes that clarification is needed, all attendees of the technical assistance workshop will be advised in writing of the clarification. Specific guidance will not be provided to individual applicants at any time.

The successful applicant will be required to apply for and obtain a license for a Residential Substance Abuse Treatment Facility under N.J.A.C. 8:42A under authority of N.J.S.A. 26:2H1 et. al., for the proposed treatment program. Thus, applicants should be prepared to interact with the Certificate of Need (CN) and Acute Care Licensure Office of DHSS/DAS:

John Calabria  
Director, Certificate of Need and Acute Care Licensure Office  
New Jersey Department of Health and Senior Services



P.O. Box 360  
John Fitch Plaza  
Trenton, N.J. 08625-0360  
609-292-8773

## **Program Objectives/Expectations**

### **A) Start-Up Plan**

Upon completion and approval of the facility, the grantee is expected to begin admitting adolescents immediately. If the successful applicant is currently funded by DHSS/DAS or otherwise provides residential adolescent treatment services, it must maintain its current service levels at existing sites, with the exception that its South Jersey residents may be transferred into the new program for start-up, in order to establish a recovery environment and culture. The decision to move existing clients/patients from another program must be clinically based. DHSS/DAS must approve these transfers if the adolescent is currently housed in a DHSS/DAS funded bed. The agency is expected to immediately back-fill the resulting vacancies.

The successful applicant shall ensure that the new service site is under the direction of a full-time, on-site administrator with experience in providing treatment services. This administrator must have the authority to oversee the day-to-day operations of the facility from the Executive Director/CEO and Board of Directors of the agency. A full-time Clinical Director who meets licensure standards must also be on-site during both start up and when the program is fully operational. All other administrative positions and clinical services must also comply with licensure requirements.

### **B) Residential Services**

The successful applicant must provide a co-ed residential program with a minimum of 50 beds located in Southern New Jersey to screen, assess and treat adolescents in need of long-term care. Expected client/patient length of stay should not be less than 3 months or greater than 12 months.

Applicants may propose to initially provide fewer than 50 adolescent beds, with the understanding that the minimally required beds must be made available as soon as possible in a timeframe of DHSS/DAS approval. Committee members will consider the timeliness of the availability of the 50 beds in the evaluation of each application.

The target population for this program is substance abusing/dependent male and female adolescents residing in the eight southern New Jersey counties, aged 13 to 17 years upon admission.

Clients/patients will likely be of diverse racial and ethnic backgrounds; therefore, the applicant should demonstrate the program's ability to provide appropriate services to a diverse population.

The successful applicant shall have the ability to admit and treat adolescents with psychological, co-occurring mental health, and/or behavioral disorders in addition to substance abuse/dependence. These adolescents may be stabilized on psychotropic medication and need specialized clinical management. Therefore, a Licensed Psychologist/Psychiatrist must be available at all times for consultation. The grantee must establish provisions to ensure continuation of physician-prescribed and/or psychotropic medication during treatment. The need for medication shall not be used to preclude an adolescent's admission to the program.

The services offered must conform to the standards established for support systems, staff, therapies, and assessment/treatment plan reviews as described in the American Society of Addiction Medicine (ASAM), publication entitled Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition Revised, (ASAM PPC-2R), Adolescent Criteria: Level III, Medically Monitored Intensive Inpatient Treatment.

The grantee is required to establish hiring policies that ensure that the references, credentials and backgrounds of all prospective staff have been checked, and have a written policy on the hiring of staff with past criminal convictions and/or ethical violations which ensures that convictions/violations do not impact staff ability to perform duties and that staff are of good moral character. The cost of conducting background checks may be included in the agency's operational budget supported by grant funds.

An orientation to prepare the client/patient and family for the program must be offered, as well as an on-going family program.

Client/patient family household income and third party insurance coverage must be documented in their file and a sliding scale fee schedule established. Written consent from parents/legal guardians of minors will be needed to obtain public assistance or other benefits, and the grantee will be expected to document that this consent has been obtained. Adolescents may not be rejected for lack of parental involvement, or their inability to pay admission fees/ongoing program costs. The successful applicant is responsible for procuring and/or documenting the attempt to procure third party payments.

Age-appropriate schooling, as required by law, must be provided on-site or in the community. A strong educational component, which significantly exceeds the minimum state requirements, and family involvement in the education/treatment process, is highly recommended. All clients/patients must be involved in structured activities (i.e., education, individual counseling, group counseling, didactic counseling, recreational activities, etc.) at least 7 hours per day. A program of recreational activities consistent with adolescents' interests, abilities and limitations must be offered.

Any type of client/patient work activity, must be consistent with N.J.A.C. Title 8, Chapter 42A 17.2(a)12: "Clients/patients will not be required to perform work unless the work is

part of the client/patient's treatment and is performed voluntarily by the client/patient and is otherwise in accordance with local, State and Federal laws and rules." Work activities that generate income for the client/patient and/or the provider must be approved by DHSS/DAS.

Discharge planning/continuum of care must begin at admission and include all clinical staff directly involved with the client/patient, as well as any appropriate family members, as indicated in the licensure standards. Continuum of care management services must be provided for any coordinated or referral services planned.

All adolescents must be visually supervised by a paid adult staff member (not a trainee or peer) at all times and in all phases of the program. The responsibility for discipline, control and supervision of the adolescents must be with paid staff, rather than other clients/patients. Adolescents may not be allowed off-site without adult supervision by paid program staff except when released into the custody of a legal guardian or parent, appropriate juvenile justice official, DYFS personnel, or within a work or educational placement.

Adequate 24-hour a day interior and exterior security for the SJAR and the remainder of the complex must be maintained.

### **C) Continuum of Care**

The continuum of care plan should document more than just a referral to self-help groups, and must include appointments, referrals and follow-up activities to ensure ongoing client/patient care. An appointment for continuum of care with an appropriate agency should be secured and coincide with the discharge date. The continuum of care plan should be specific to the modality and geographic location best suited to all adolescents admitted to residential care. The successful applicant is expected to partner with current South Jersey Initiative (SJI) network of providers, as well as other NJ licensed treatment providers, when receiving clients/patients for admission as well as for discharge planning/continuum of care. Directories of SJI providers will be made available at the mandatory technical assistance workshop. A separate agency presently funded to administer a network of providers for outpatient services will coordinate and provide prior authorization for all SJI continuum of care. This function is currently performed by SODAT, an outpatient facility located in Southern New Jersey. For those exceptional clients/patients needing continuum of care outside the eight southern counties, discharge planning should be directed to licensed DHSS/DAS and/or county grantees receiving public funds for adolescent services.

Those adolescents who are deemed ineligible for admission to the facility must also be provided with a continuum of care plan.

## **D) Reporting, Research and Monitoring Requirements**

In addition to the regular monthly reports submitted through the NJSAMS, standard DHSS/DAS quarterly narrative progress and financial reports and detailed monthly reports on referral, admission, discharge and continuum of care activities will also be required. The grantee must cooperate with DHSS/DAS evaluators, researchers, Management Information Systems (MIS) project staff and program monitors.

The treatment provider must comply with N.J.A.C. 8:57-1 et seq., regarding the reporting of communicable diseases to the State and to local health authorities.

## **Narrative Requirements**

The applicant must provide a written description of the planned program, organized into Sections A, B and C. The narrative portion should be single spaced and no smaller than 12 point Arial font.

Major headings in the narrative must clearly indicate plans for handling each of the following:

### **Section A**

1. Past History: Each applicant shall provide a brief narrative describing the agency's history, including number of years of experience providing adolescent residential services. Include your most successful accomplishments. Demonstrate your agency's proven success at securing facility sites, and establishing successful programs. Include in your description the number of discharged adolescent clients/patients in the past 12 months who have accessed outpatient services, as well as where those services were provided.
2. Program Site: Each applicant shall submit a narrative description of the proposed land and construction plan, or a building(s) to be renovated and a budget for the land acquisition, building construction, and/or renovations with the basis for the cost estimates. Include projected timelines. If feasible, the applicant shall demonstrate that the facility and grounds are of sufficient size to accommodate treatment, educational and recreational activities. The description should include as much detail as available (i.e. completed floor plans configured to provide separation and supervision of male and female clients/patients, the available as well as needed equipment, etc.). Facilities and equipment must be adequate for the proposed project activities, accessible to the target population, and Americans with Disabilities Act compliant. If available, the proposed site and/or buildings may be visited and considered by DAS as part of the evaluation of the application.

If the site has not yet been identified and/or secured, applicants should demonstrate their ability to secure property as well as past history regarding

building renovations, facility start-up, etc. Include a strategic plan and projected timeline for procurement of same.

DHSS/DAS recommends that, if possible, applicants obtain and submit evidence of support for the program from the municipality's mayor or governing body of the projected location. Support from the municipality, if provided, will also be considered in the evaluation process.

3. Start-Up Plan: Each applicant is expected to submit a plan regarding facility start-up, which includes projected timelines for hiring of staff, implementation of operational protocols, phase-in of services, and acceptance of clients. Applications should include a complete description of all aspects of implementation of the new program, including specific timelines for when full occupancy will be achieved.

## **Section B**

### **1. Philosophy**

- a. Describe your overall program philosophy including your theoretical approach to individual, family and group counseling and other clinical services. Describe how this approach is implemented in practice, specifically addressing interactions, rules, disciplinary policies, rewards, and client/patient rights and responsibilities in both normal and extraordinary situations. Specifically describe how the proposed clinical program is tailored to meet the needs of adolescents.
- b. Detail the following information relating to the fulfillment of the facility's goals and objectives including but not limited to:
  - i. The program's methods for providing clients/patients with a foundation for recovery and rehabilitation based upon science based clinical approaches specific to adolescents;
  - ii. The concept of chemical dependency having multiple causes and effects;
  - iii. A description of the modalities of treatment provided;
  - iv. The design structure to assess and treat adolescents based on ASAM PPC-2R criteria and/or multi-modality continuum of care options.

2. Services: Specifically discuss the following services and issues:

- a. Intake and Assessment: Describe your intake and assessment process, including the standardized instruments (i.e. CASI, ASI, SASSI) or DHSS/DAS approved assessment tool(s) you plan to use. Provide their documentation for use with this population. Indicate how you plan to assess the following areas: substance abuse/dependence history, co-occurring mental health disorders, sexuality, culture/religion, spirituality, language, living situations, legal problems, vocational and educational issues, interests, physical abilities and limitations, family, relationships and co-dependency, etc. Describe your use of ASAM PPC-2R and DSM IV. Describe the number of staff involved in your intake and assessment procedures and their license/credentials/qualifications. If indicated, psychological, psychiatric and mental status assessments must be provided. All potential admissions must receive a physical examination with indicated laboratory and radiological follow up.
- b. Admission Criteria: Provide admission criteria, including exclusionary criteria. Include criteria that applies to special populations (i.e. pregnancy, co-occurring mental health disorders, disabilities, etc.) Be sure to consider the level of client/patient psychosocial and behavior problems that will be accepted, and the program's ability to treat and manage them with qualified staff. Explain your agency's criteria for denying a client/patient and your protocol for a continuum of care plan for those not admitted into the program.
- c. Detoxification: Describe your protocol for servicing adolescents in need of detoxification.
- d. Orientation: Describe the client/patient/family orientation process, and how this will prepare the client/patient and family for the program. Provide samples of any materials, rights and responsibilities, fiscal understandings, list of client/patient/family activities, etc.
- e. Family Involvement: Describe the involvement of family/siblings/legal guardians/significant others during assessment, treatment and continuum of care, including the staff who will be responsible and their credentials/qualifications. Discuss what theoretical family approach will be utilized. Be specific. Include what types of services will be specifically provided for families (i.e. family therapy, group family therapy, self help groups, parenting skills, co-dependency, adult/adolescent communication skills, etc.) Discuss your protocol if family/legal guardian involvement may be resistant and/or considered counterproductive.
- f. Treatment Plan and Multi-Disciplinary Treatment Approach: Describe in detail your treatment plan process, and multi-disciplinary treatment

approach. Be specific. Indicate who will be on the multi-disciplinary treatment team, their licenses/credentials/qualifications/job descriptions, and how often this team will meet. Provide samples of related forms. Describe how this process complies with ASAM PPC-2R.

- g. Integrated Case Management: Describe your concept of integrated case management related to goals, outreach, family, housing, school, support systems, continuum of care, etc.
- h. Daily Scheduled Activities: Include a plan of what a daily schedule might look like (school, homework, chores, therapy, family therapy, skills development and recreation, etc.). Describe the organization, management and implementation of client/patient activities including the responsibility, supervision and accountability of personnel. Describe the plan to prepare and serve at least three meals or their equivalent per day, and the policies for between meals and bedtime nourishment for each adolescent.
- i. Educational/Vocational/Occupational Services: Describe your educational/instructional program which complies with all state and local requirements, as defined in licensure standards N.J.A.C. 8:42A-11:1, and N.J.A.C. 8:42A-11.2, including those of the sending school district and/or child study team, when applicable. Discuss your plan to assess learning and developmental disabilities. Describe in detail how educational services will be provided to clients/patients; how such services will be integrated with the clinical services offered; the number of hours of education per day; whether services will be provided by staff or contractors, including credentials and qualifications; and whether different approaches will be utilized for different client/patient populations. Describe arrangements for the provision or facilitation of vocational and occupational services (i.e. performing aptitude/abilities testing, etc.).
- j. Clinical Services: Include length and frequency of individual, family and group counseling sessions and how they meet or exceed licensure standards. Describe your agency's projected staff licenses/credentials/qualifications for providing these specific clinical services. How will your treatment approach be integrated into your overall therapeutic model?
- k. Gang Prevention/Intervention: Describe your protocol for the prevention of gang related activities, as well as intervention with identified gang members.
- l. Relapse Prevention/Intervention: Describe your program/protocol for relapse prevention/intervention/treatment. Include your re-admission policies and procedures.

- m. Clinical Crisis Intervention: Describe your clinical crisis intervention process/protocol from recognition to resolution (i.e. attempted suicide, psychotic episodes, family crisis, etc.).
- n. Conflict Resolution: Explain the protocol on how conflicts and power struggles that arise between adolescents, or between client/patient and staff members, will be resolved.
- o. Behavior Management: Describe the protocol for managing behaviors such as sexual harassment, aggressiveness, impulsiveness, oppositional defiant behaviors, etc. Who will be responsible for developing an individualized plan of action, and how will it be implemented? Will the family be involved and if so, how? Will this plan be reviewed by the multi-disciplinary treatment team? If so, what will be the time frame? In the event that a client/patient or several clients/patients act out, what is the protocol to safeguard and/or protect the general population and staff?
- p. Interpersonal Issues: Describe the protocol for gender-specific treatment, gender-segregation, sexuality and sexual identity issues among both males and females. Provide evidence that the proposed staff have requisite training, experience, and cultural sensitivity to provide services to the target population. Demonstrate proposed staff's ability to deal with issues of language and literacy barriers, ethnic, racial, cultural factors, disability, etc. of the target population.
- q. Legal Services: Describe your plan for provision of the required legal services for adolescents who need them.
- r. Offsite Adjunct Services: List any services and/or procedures that may not be performed at the adolescent residential facility.
- s. Discharge Planning/Continuum of Care: Describe the protocol and procedures in detail for discharging clients/patients and ensuring that clients/patients are provided with a truly seamless continuum of care, (i.e. client/patient visits continuum of care setting, client/patient face-to-face contact with continuum of care counselor, ensuring client/patient follow-through, etc.). Include criteria and protocol for both positive and negative discharges. Discuss your protocol for client/patient follow-up and for discharging clients/patients with special needs during the course of treatment. Include a description of any affiliations and/or agreements with those who will be involved with providing continuum of care services (i.e. SJI providers network, individual providers, etc.). Ability to provide truly seamless continuum of care and client follow-up will be considered by the Review Committee when scoring applications.



3. Special Treatment Needs: The successful applicant will plan and offer individualized treatment for adolescents with distinctive treatment needs.
  - a. Describe your experience, policies, procedures and protocols with adolescents referred by DYFS, Juvenile Justice agencies, etc.
  - b. Discuss your understanding of and experience with adolescents and families of various ethnic/cultural backgrounds (i.e. African-American, Asian, Latino, etc.). Describe the cultural competence of your current or proposed staff and describe how cultural or ethnic issues are addressed.
  - c. Describe your protocol for the evaluation and management of substance abusing adolescents who have been identified as behaviorally and/or emotionally disturbed, with co-occurring mental health disorders, and any specialized treatment needs. Describe the clinical staff's involvement in administering the care for these clients/patients.
  - d. Describe your protocol for admission and treatment planning for pregnant adolescents. Describe your ability to manage pregnant adolescents and obtain perinatal care, and the services that will be offered for mother and child, pre and post delivery.
4. Legal and Ethical Issues: Describe your procedure for obtaining qualified legal advice. Describe how you will comply with State and Federal laws (i.e. CFR 42, HIPAA-Health Insurance Portability Accountability Act, etc.) and regulations pertaining to the substance abuse/dependence treatment of adolescents.
  - a. Explain how privacy and confidentiality will be ensured. Describe where records will be stored, who will have access to information and how the identity of participants will be kept confidential (i.e. through the use of a coding system on records, limiting access to records, storing identifiers separately from files, etc.). Describe your record releasing policy. The successful applicant must agree to maintain the confidentiality of alcohol and drug abuse/dependence client/patient records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.
  - b. Identify from whom you will collect data (i.e. participants, family members, teachers, others). Describe the data collection procedure and setting, as well as specify the sources for obtaining data (i.e. school records, interviews, psychological assessments, questionnaires, observation, or other sources).
  - c. Describe your protocol regarding child abuse and neglect, sexual abuse and institutional abuse/neglect. All suspected or actual incidents are to be reported to DYFS and DHSS/DAS immediately in accordance with

N.J.S.A. 9:6-1, and when appropriate to the JJC, and to local police at the time of occurrence.

- d. Describe your protocol concerning your duty to warn and protect, including implementation.
5. Medical Care: Describe your protocol and experience/expertise in treating adolescents with medical conditions, including physical health problems, HIV/AIDS, chronic illness or disability, painful or limiting conditions. Describe your policies and procedures for providing such services as a physical examination with indicated laboratory and radiological follow up, TB testing, dental, diet/nutrition, communicable diseases, pregnancy, routine medical care, etc. and include qualifications/credentials for staff performing such care. Include protocol for medical emergencies and infection control procedures.

## **Section C**

### **1. Management and Administration**

Describe your information technology (IT) infrastructure. Include the type of computing network, personal computer features and operating systems being used. Describe your IT staff (dedicated employees, consultants) and how system administration tasks are routinely handled. What software packages do you use for document management, database management, and financial applications, etc.? How many computers are web enabled and at what connection speeds? What internet browser(s) and email software is used?

Does your agency use any specialized software for managing clinical operations and maintaining client information? If so, describe key features of the software product being used and by what staff. Does this specialized software interface with other software packages being used as described above?

Describe your protocol for managing an adolescent residential facility. Specify key positions and include job descriptions and authorized scope of practice (i.e. Executive Director, ASAM Certified Medical Director, Director of Nursing, Registered Nurse, Clinical Director, and Psychiatric and/or Psychological consultants).

Describe your agency's frequency, length and method of documentation for clinical supervision. Include licenses/credentials/qualifications for individuals providing supervision.

Describe procedures for ensuring that all standards under N.J.A.C. 8:42A will be adhered to during the transition and normal operating phases of the program.

Describe the staff to client/patient ratio as well as counselor to client/patient ratio as indicated in licensure requirements contained in N.J.A.C 8:42A-10. Describe the staff pattern for coverage 24 hours per day, seven days per week, including the minimum qualifications for each position and how shift changes will be handled. Describe the procedures to ensure that all adolescents are under direct visual supervision at all times by paid adult staff.

## 2. Staff Recruitment and Training

Describe the recruiting and hiring process for all staff (all new hires as well as current staff being transferred) prior to assuming their duties. Describe the policy for hiring staff with past convictions, and how you will ensure that all personnel are of good character and possess the skills, attributes and characteristics to work with adolescents. Include in your narrative how you intend to: conduct full criminal background checks supported by fingerprints through the New Jersey State Police; verify degrees and credentials; verify licenses or certifications of applicable staff to determine that they are both current and not under suspension or other sanction from any licensing or certifying authority, which would preclude employment due to inappropriateness (i.e. ethical violations) or lack of minimum requirements for the position. Duties must match the applicant's authorized scope of practice. Program staff should be of diverse racial/ethnic backgrounds at all levels.

Describe any orientation, education and training for both new and existing employees and a timeline for when the training will be provided. Describe the staff in-service training curriculum in detail, including what mandatory training will be provided for all staff prior to any client/patient contact as well as ongoing training sessions to ensure that staff credentialing and counselor certification is obtained and maintained in accordance with the existing licensure regulations for New Jersey Residential Substance Abuse Treatment Facilities.

## 3. Financial Plans

Describe your plans to apply a sliding scale fee schedule as well as plans for assessing family household income and ability to pay for residential treatment.

Describe plans for supporting additional beds not funded by this RFA.

## 4. Program Evaluation

Specify the projected total number of unduplicated adolescents to be served. Remember to take into account start-up during early project months and any changes expected during the course of the funding period.

Describe your protocol for measuring short and long-term goals. Include proposed outcomes (at a minimum must include alcohol and drug use,

vocational/educational, criminality), as well as any follow-up studies your agency has conducted. The successful applicant will be expected to cooperate with current and future DHSS/DAS research, evaluation, MIS coordination and reporting, including NJSAMS. Describe how information technology is used in your organization for outcomes measurement. Applicants should take into account their evaluation plan when preparing the project budget.

#### 5. Quality Assurance

Discuss your experience in planning and implementing a formal quality assurance (QA) program and include the identity, qualifications and QA experience of the staff responsible. List any external accreditations or licenses of your QA staff. What criteria will you use to measure the success of the program?

## **Budget Requirements**

A detailed operating budget must be submitted for each funding period outlined in this application, including both the construction and operational phases. The operational phase budget should include all three years of the grant period: full budget required for first year; years two and three need only Schedules A, B, C and Cost Summary. Applicants must also include a description of non-grant and program revenues and how these revenues will be expended. Budget forms from the DHSS/DAS Health Service Grant Application must be used. Refer to "Instructions for Completion of Application for Grant Funds." These forms will be made available at the technical assistance workshop. The grantee is expected to adhere to all applicable NJDHSS and Federal cost principles.

## **Requirement for Affiliation Agreements**

The successful applicant must demonstrate an understanding of key stakeholder partnerships needed to plan, develop, and provide substance abuse/dependence treatment and continuum of care services. Therefore, applicants are required to submit signed affiliation agreements with appropriate organizations/agencies that must include, but are not limited to, the following:

- South Jersey Initiative network of provider's lead agency, SODAT of New Jersey. (Contact SJI Director at 856-845-6363).
- Community-based substance abuse/dependence treatment agencies (i.e. SJI providers), including the agency name and address.
- Stakeholder organizations (i.e. South Jersey Addiction Service Provider Coalition, Parent-to Parent groups, etc.).
- State or local juvenile justice agencies, local police, local hospital emergency rooms, etc.
- Other Federal, State, or local government agencies and community-based organizations including faith-based organizations whose services may include

the following: job skills development, employment assistance, educational and vocational assistance, housing assistance, and family counseling, etc.

Affiliation agreements should include the following:

- A letter of support stating a commitment to participate.
- The proposed role and level of support.
- An outline for systems collaboration on providing continuum of care.
- The authorized signature from the participating organization/agency as well as the applicant.

DHSS/DAS recognizes that each local community differs in its ability to immediately implement the services proposed in the affiliation agreement. The applicant should include a strategic plan for building relationships to develop any appropriate systems coordination among governmental agencies and community-based organizations with whom an affiliation agreement has not yet been established.

## **Required Documentation**

Applicants responding to this RFA shall submit their applications organized in the following manner:

**Part I** – Application narrative including facility proposal.

**Part II** – DHSS Health Service Grant Application including all required budget forms and justification.

The following documents shall be provided in Appendices as indicated below:

### **Appendix A - Personnel**

1. Organizational chart, including a staffing plan for all staff and consultants.
2. Resumes or job descriptions with minimum qualifications of all personnel supported by this RFA.

### **Appendix B - Board of Directors**

1. A current list of the Board of Directors, including their occupations. Optimally, the Board's composition should reflect the ethnic and socio-economic demographics of the State of New Jersey; should have members who have experience in substance abuse/dependence treatment, expertise in legal, medical and social services and include members who represent the public at large.
2. A statement that Board Members and their families are not receiving compensation in any form from, and are not employed by, the applicant.
3. Policies and by-laws governing the activities of the Board of Directors.

## **Appendix C - Forms**

1. A copy of the program's cost-sharing sliding scale fee schedule.
2. Affiliation Agreements with required signatures.
3. Examples of orientation materials.
4. All forms with regard to budget justification as stated in NJDHHS Health Service Grant Application (i.e. fringe justification, copy of lease agreements, etc.).
5. Evidence of appropriate zoning from the zoning officer of the municipality in which the proposed facility is to be located (if available).
6. Evidence of support for the project from the mayor or governing body of the municipality in which the facility is to be located (if available).

## **Appendix D - Standard Documentation** (unless already on file with DHSS/DAS)

1. A copy of current New Jersey DHSS facility license as a Residential Substance Abuse Treatment Facility serving adolescents.
2. A Certificate of Incorporation in New Jersey.
3. Evidence of the applicant's IRS 501(c)(3).
4. A copy of your required "Conflict of Interest" form (to be signed by all Board members and staff).
5. Most recent single audit report (A133) or certified statements (one copy only to be included with original application).
6. Most recent IRS Form 990, and Pension Form 5500, if applicable (one copy only to be included with original application).

## **Appendix E - Policies and Procedures**

1. Agency mission statement.
2. Cash management (revenue collection, cash disbursements, banking and investment) policies and procedures including internal control information.
3. Procurement policies and procedures.

# **Application, Review and Award Information**

## **A) Schedule**

The following summarizes the application schedule:

07/15/03	Notice of availability of funds/Request for Application (RFA)
07/30/03	Last day to register for technical assistance workshop
07/31/03	Mandatory technical assistance workshop
09/15/03	Deadline for receipt of applications - no later than 3:00 p.m.
09/26/03	Possible presentations to Review Committee
09/26/03	RFA Committee review
10/03/03	Staff recommendations

10/17/03	Award announcement
To Be Negotiated	Construction Grant start date
To Be Negotiated	Operational grant start date

## **B) Screening for Eligibility, Conformity and Completeness**

Applications will be screened for eligibility and conformity with the specifications in this RFA by DHSS/DAS staff. The initial screen will be conducted to determine whether or not the application is eligible for review. To be eligible for review by the Committee, staff will verify with the proper DHSS/DAS authority, a preliminary review of the application determining that the applicant is:

1. not debarred or suspended from receiving DHSS/DAS grant funds,
2. currently licensed by DHSS to provide substance abuse treatment to adolescents,
3. incorporated in the State of New Jersey, and
4. a 501 c(3) non profit organization

The application must also be organized and contain the following:

- **Part I**  
An application narrative with the required sections and content.
- **Part II**  
A completed NJDHSS Health Service Grant Application.
- **Appendices**  
All required documents as listed above.

Those applications that fail this eligibility screen will be returned to the applicant without being reviewed, along with a letter indicating the reason for the return. DHSS/DAS will not accept an application after the deadline.

Those applications found eligible for review will be distributed to the Review Committee as described below.

## **C) Review Committee**

DHSS/DAS will convene a committee consisting of State/county government staff and outside experts who will conduct a thorough and comprehensive review of each application, in accordance with the review criteria. Committee members may be unfamiliar with some or all of the applicants. All potential reviewers will complete conflict of interest forms. Those with conflicts or the appearance of conflicts will be disqualified from participating in the review.

The review panel will be composed of individuals with expertise and experience in, but not limited to, the following areas: administration of substance abuse/dependence treatment facilities; adolescent substance abuse/dependence treatment provider services; medical issues related to substance abuse/dependence; concurrent psychiatric, psychological and behavioral problems of adolescents in need of residential substance abuse/dependence treatment; fiscal and administration management; special populations; substance abuse/dependence research and/or data management systems; and ancillary services.

The Review Committee, under the direction of staff from DHSS/DAS, will have sole authority to determine the outcome of the review. The Committee may find the application acceptable or unacceptable. Acceptable applications will be scored and recommended for funding in the priority order of the scores (highest score = most highly recommended). The Review Committee also reserves the right to request applicants to present their applications in person prior to final scoring.

#### **D) Review Criteria**

Funding decisions will be based on such factors as the scope and quality of the application; appropriateness and reasonableness of the budget; feasibility of securing the SJAR program site; extent to which the applicant is contributing supplementary resources to the program; plans for continuing operations, and clinical soundness. The Review Committee may choose to visit any applicants' existing program(s) and/or review any programmatic or fiscal documents in the possession of the DHSS/DAS. Any disciplinary action, denial/revocation or qualification of a license in the past must be revealed and fully explained.

Applications accepted for review will be evaluated according to the following criteria. The number of points after each heading show the maximum number of points the Committee members may assign to that category. The Review Committee will also be looking for evidence of cultural competence in each section of the narrative.

#### **Facility Plan (25 POINTS)**

1. Identified land or suitable building.
2. Time frame to begin admitting clients/patients.
3. Evidence of support by mayor or governing body of municipality where facility will be located (if available).
4. Evidence regarding local zoning of proposed land or building (if available).
5. Proposed site has adequate space to accommodate 50 or more residential treatment beds as well as educational and recreational activities.



## Clinical Operation Plan

(20 POINTS)

1. Coherence and documented efficacy of program philosophy and overall clinical approach, including implementation of science based approaches to adolescent treatment.
2. Description of admission and exclusionary criterion.
3. Use of orientation and family involvement in treatment.
4. Description of treatment plan process and multi-disciplinary treatment approach, as well as case management services.
5. Ability to serve adolescents with special treatment needs, including adolescents with co-occurring disorders.
6. Appropriateness and consistency of the schedule of structured activities with clinical philosophy and approach.
7. Description of crisis intervention, conflict resolution and behavior management protocols.
8. Instruments to be used, including their reliability, validity, and cultural appropriateness.
9. Feasibility of the continuum of care plan, with SJI providers and other facilities.
10. Documented agreements with continuum of care providers and/or sub-contracts with individual providers.
11. Experience in management of external agency agreements.
12. Extent to which protocols and experience of agency demonstrate that it successfully facilitates discharge planning/continuum of care.
13. Extent to which licensure standards can be met, including the extent to which educational program meets or exceeds current standards.

## Management and Administration

(15 POINTS)

1. The quality and feasibility of the operation plan.
2. The reasonableness, consistency and cost efficiency of the budget with respect to the proposed services and the anticipated results.
3. Ability to collect third party reimbursement.
4. Ability of the applicant to operate the program with the funds provided and anticipated other program income.
5. How the applicant will provide effective management, fiscal, and administrative monitoring and oversight of the grant.
6. Adherence to privacy and confidentiality policies and procedures including provisions of Title 42 of the Code of Federal Regulations, Part II and HIPAA requirements.
7. Protocols regarding child abuse/neglect and duty to warn.
8. Description of information technology (IT) infrastructure.
9. Documentation indicating that the agency Board of Directors meets all RFA requirements including those concerning Board composition, conflict of interest and employment issues.

## Experience and Staffing

(25 POINTS)

1. Experience and qualifications of the applicant agency in managing a licensed residential adolescent substance abuse/dependence agency.
2. Experience and qualifications of the applicant's management, fiscal and clinical personnel in providing residential adolescent treatment.
3. Experience and expertise of staff in treating adolescents with behavioral and/or psychiatric or psychological problems in a residential setting, including those needing psychotropic medication.
4. Experience and qualifications of the applicant and its proposed staff in providing culturally sensitive services to diverse ethnic populations.
5. Experience of applicant with co-gender population in a residential setting.
6. Experience of applicant and proposed staff in serving special treatment needs as defined in RFA.
7. The extent to which licensure standards can be met or exceeded.

## Resources

(10 POINTS)

1. Linkages with county and other referral resources within the State.
2. The extent to which the applicant can demonstrate the ability to attract financial resources sufficient to maintain all 50 licensed adolescent treatment beds.
3. Provide evidence that internal and external resources necessary to ensure the provision of comprehensive substance abuse/dependence and ancillary services to meet the needs of the client/patient population, but not funded as part of the DHSS/DAS request, are adequate and accessible.

## Evaluation

(5 POINTS)

1. Description of the plans to comply with NJSAMS requirements.
2. Ability to measure performance outcomes including Management Information System coordination and data reporting.
3. Appropriateness of process and outcome evaluation measures identified to evaluate required services and the means and methods to provide reliable data to DHSS/DAS.
4. Adequacy of current and proposed quality assurance plan and activities.

## **E) Funding Recommendations**

The Assistant Commissioner of DAS will convey the recommendations of the Review Committee to the Commissioner of Health and Senior Services who will make the final decision on the award. Funding recommendations to the Commissioner will be based

on the judgment of the reviewers, who will use the information contained in the application narrative, budget forms and required and optional documentation to rate each application for overall quality.

Applicants are advised that the award may be made conditional upon changes suggested by the Review Committee. The requested changes, along with their requested implementation dates, will be communicated to the prospective awardee prior to award.

## **Post Award Requirements**

### **A) Reporting Requirements**

1. Progress towards accomplishing NJSAMS requirements (in terms of the number of clients to be served and the number of clients to be administered the tool) will be considered by DHSS/DAS in determining continuation of the grant after year one.
2. The final report must summarize information from the quarterly reports and describe the accomplishments of the project and next steps for implementing plans developed during the grant period.
3. The grantee must submit resumes upon hiring of those individuals not included in grant application.
4. The grantee must inform the Program Management Officer (PMO) of any publications/publicity based on the grant project.
5. The grantee must adhere to all “terms and conditions” attached to the Notice of Grant Award.

### **B) Other Information**

1. DHSS/DAS will provide post award support to the grantee through technical assistance on clinical, programmatic, and evaluation issues; data collection, analysis, and interpretation; and development of reports, products, and publications.
2. DHSS/DAS PMO will conduct site visits to monitor the grantee’s progress in meeting goals and objectives, and the grantee’s failures and corresponding strategy for overcoming these problems. The grantee will be held accountable for the information provided in the application as it relates to the number of clients to be served with the award funds. A grantee’s failure to meet its goals and objectives may result in reduction or loss of an award. The grantee will receive a written report of the site visit findings and will be expected to submit a plan of correction.
3. DHSS/DAS PMO will strictly monitor compliance on the accurate and thorough completion of the NJSAMS requirement.